



State POFF Defined Contribution Plan

California Public Employees' Retirement System
State POFF Defined Contribution Program

P.O. Box 9255
Boston, MA 02209-9255

BENEFICIARY DESIGNATION FORM

I. General: Upon your death, CalPERS, through our third-party administrator, will pay the account balance of your State POFF DC to the individual(s) you designate as beneficiaries in the percentage indicated on your Beneficiary Designation Form. A "primary" beneficiary will receive benefits upon your death. You may name more than one primary beneficiary, although it is not required.

Example 1: You name your spouse as primary beneficiary and indicate 100%. Upon your death, the spouse will receive the entire account balance.

Example 2: You name your brother as primary beneficiary #1 to receive 50% of your account balance, and your sister as primary beneficiary #2 to receive the remaining 50%. Upon your death, the account balance will be split equally between the two primary beneficiaries.

In addition, you may name a "contingent" beneficiary for each primary beneficiary. A contingent beneficiary will receive your State POFF DC benefit, *only if* the primary beneficiary is not alive.

Example 3: You name your brother and sister as primary beneficiaries. Your brother has a daughter that you name as "contingent" in the event of his death. Your sister has a son that you name as "contingent" in the event of her death. If both primaries (brother and sister) are alive at the time of your death, they will share in benefits. However, if one of the primaries predeceases you, the benefits that would have been paid to that primary will now be paid to the contingent beneficiary (if the brother has died, the benefits will be paid to his daughter; if the sister has died, the benefits will be paid to her son).

You may designate any person(s) as a beneficiary and may change beneficiaries at any time. However if you are married and do not designate your spouse as sole primary beneficiary, your spouse must sign the Spousal Waiver Form.

II. Beneficiary Designation Status: Please check the appropriate box :

- ☐ First-time Designation (no prior designation completed)
- ☐ Add
- ☐ Change (revoke prior designation)

III. Marital Status Certification: Check the appropriate box.

- ☐ I certify under penalty of perjury that I am not legally married (never married, divorced, widower).
- ☐ I certify under penalty of perjury that I am legally married.

IV. Designation

I, _____, Social Security Number _____, hereby designate the following person(s) who survive me as beneficiaries for death benefits under the State POFF Defined Contribution Program. Attach a separate sheet of paper if you wish to name more than two primary beneficiaries.

_____ Name of Primary Beneficiary #1	_____/_____/_____ Social Security Number	_____ Percent	_____ Relationship
_____ Address	_____ City	_____ State	_____ Zip
_____ Name of Contingent Beneficiary #1	_____/_____/_____ Social Security Number	_____ Percent	_____ Relationship
_____ Address	_____ City	_____ State	_____ Zip
_____ Name of Primary Beneficiary #2	_____/_____/_____ Social Security Number	_____ Percent	_____ Relationship
_____ Address	_____ City	_____ State	_____ Zip
_____ Name of Contingent Beneficiary #2	_____/_____/_____ Social Security Number	_____ Percent	_____ Relationship
_____ Address	_____ City	_____ State	_____ Zip

Signature (Member's Full Name)	Date	Social Security Number
⇒ _____	_____	_____/_____/_____
Address		

City, State, Zip		

SPOUSAL WAIVER

If you are legally married and have not designated your spouse as sole Primary Beneficiary, your spouse must initial and sign where indicated below. Also, a notary must witness his/her signature.

Under California and federal law, a spouse is entitled to revoke a spousal waiver. This waiver is revocable prior to the death of the participant or the spouse. If the waiver/designation is not revoked prior to the death of the participant or the spouse, the waiver becomes valid and irrevocable.

I understand that I have **not been named sole Primary Beneficiary** and that in signing this document I have waived my right to receive the total benefits payable from this Plan in the event of my spouse's death.

_____ Spouse's signature	_____ Date Signed
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Attach a State of California Notarial Acknowledgement Form
(Generally this form is provided by a notary.)